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January 31, 2017

Ms. Marlene H. Dortch Secretary Federal Communications Commission 445 12<sup>th</sup> Street, SW Washington, DC 20554

RE: WC Docket 14-171, <u>Revised</u> Annual Lifeline Eligible Telecommunications Carrier Certification Form for Web Fire Communications, Inc. (499 Filer ID No. 823980)

Dear Ms. Dortch,

On behalf of Web Fire Communications, Inc. (Web Fire), and pursuant to 47 C.F.R. §54.416, enclosed is Web Fire's **REVISED** Annual Lifeline Eligible Telecommunications Carrier Certification Form (FCC Form 555). As required, this filing is also being sent to USAC and the Public Utility Commission of Texas.

Please contact me at 830.895.7221 or <a href="mailto:cspears@gvnw.com">cspears@gvnw.com</a> with any questions or concerns.

Sincerely,

**Courtney Spears** 

Authorized Representative for

Web Fire Communications, Inc.

# Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

449076		143036404		
Study Area Code (S (An Eligible Telecomm		Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service).		
2016	TX	Web Fire Communications Inc.		
Recertification Yea	r State	ETC Name		
N/A		N/A		
DBA, Marketing, o	r Other Branding Name st "N/A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)		
***	ompany have affiliated ETCs			
accordance in accordance i	viin section 3(2) of the Communication	TC, using page 4 and additional sheets if necessary. Affiliation shall be ons Act. That Section defines "affiliate" as "a person that (directly or indirectly) a ownership or control with, another person." 47 U.S.C. § 153(2). See also 47		
Affiliated ETC's SAC		Affiliated ETC's Name		
laws (or partnership agreemptroller, treasurer, o	reement), and would typically bor a comparable position. If the	ant of a position listed in the article of incorporation, articles of r is a person who occupies a position specified in the corporate by- be president, vice president for operations, vice president for finance, filer is a sole proprietorship, the owner must sign the certification.		
	Certification All ETCs must compl			
	ny listed above has certification			
mai, we me best of	my knowledge, the company	mentation prior to enrolling a consumer in the Lifeline program, and was presented with documentation of each consumer's household or her enrollment in Lifeline; and/or		
B) Confirm consumer Lifeline administrato	eligibility by relying upon accor prior to enrolling a consumer	cess to a state database and/or notice of eligibility from the state in the Lifeline program.		
I am an officer of the cabove.	company named above. I am au	uthorized to make this certification for the Study Area Code listed		
Initial ///				

### Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	B	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
Ö	0	0	O'	n

## Recertification Results:

F	G	H = (F-G)	ı	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through aftestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	O	n n

K	L.	
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC	
0	0	

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial

AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)
Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

SAC listed above.

Initial

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to take this certification for the SAC listed above.

Initial

## Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
0	0	0%

## Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

# Is the ETC subject to the non-usage requirements? Yes No

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	0
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	

#### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Life	line certification
procedures. I am an officer of the company named above. I am authorized to make this cer- Study Area Code (SAC) listed above.	tification for the
Signed	

Signature of Officer

Email Address of Officer Courtney Spears

Person Completing This Certification Form

Ripley Tate - President

Printed Name and Title of Officer 1/30/17

Date

830.895.7221

Contact Phone Number

# **Affiliated ETCs**

SAC	Name